



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

255 Rockville Pike, 2nd Floor

Rockville, Maryland 20850-2368

240-777-3986 Fax 240-777-3088

Website: [www.montgomerycountymd.gov/mc/services/hhs/license](http://www.montgomerycountymd.gov/mc/services/hhs/license)

## PRIVATE EDUCATIONAL INSTITUTION APPLICATION

Application is hereby made for a license to operate a Private Educational Institution in Montgomery County, Maryland.

New ☐ Renewal ☐ (Please Print) TODAY'S DATE \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

(Location of school)

Street Number and Street Name

Telephone Number: \_\_\_\_\_

city

state

zip code

include area code

Fax Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Include area code

Mailing Address If Different: \_\_\_\_\_

Street Number and Street Name

city

state

zip code

Type Of Facility: ☐ Nursery ☐ Kindergarten ☐ Elementary (state grades) \_\_\_\_\_

☐ Secondary (state grades) \_\_\_\_\_ ☐ Post secondary (specify area of instruction) \_\_\_\_\_

☐ Tutoring ☐ Vocational (specify dance, arts, etc.) \_\_\_\_\_

Owner or Corporation Name (please print): \_\_\_\_\_

Accredited by State Department of Education? ☐ Yes ☐ No

Maximum number of students at any one time: \_\_\_\_\_ Number of students enrolled: \_\_\_\_\_

Do you intend to prepare/serve meals? ☐ Yes ☐ No (Bag and snacks are excluded from food service license)

Water supply: ☐ Public ☐ Private Sewerage: ☐ Public ☐ Private

Days and Hours of Operation: \_\_\_\_\_

### NEW FACILITIES OR CHANGE OF LOCATION FOR EXISTING FACILITIES:

1. Anticipated date of opening or change of location: \_\_\_\_\_
2. Person to contact to arrange for an inspection: \_\_\_\_\_  
Name Daytime Phone Number
3. Attach a copy of the Use and Occupancy permit for school use to this application. To obtain, call the Office of Use and Occupancy, 240-777-6240.
4. Attach a copy of the Fire inspection approval call 240-777-2457 to schedule for a fire inspection with the Fire Prevention Bureau/Fire Marshal office.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Fee Information: *Please refer to Private Educational Institution Fact Sheet*

Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to **"Montgomery County, Maryland"** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***

### OFFICE USE ONLY

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expires: \_\_\_\_\_

Record Number: \_\_\_\_\_